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ansamitted to the USPTO (\$71) 273-2885, on the date indicated below.

(Organisar's name)

(Signature)

(Date)

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 10/534,630
 05/11/2005
 Nicholas John Ainger
 J3733(C)
 8629

TITLE OF INVENTION: COMPOSITIONS FOR WASHING AND CONDITIONING HAIR

Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Address from PTO/SB/1221 attached. The Address' indication (or "Rec Address' indication from PTO/SB/1221 attached. The Address' indication (or "Rec Address' indication from PTO/SB/1221 attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pasted. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFS 11. Completion of this form is NOTE a substrate for filing an assignment. (A) NAME OF ASSIGNEE Unilever Home & Personal Care USA Division of Conopco, Inc. (I) the names of up to 3 registered patent attorneys or agents. If no name is instead, no name will be printed. (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead, no name will be printed. 1 Karen E. Klumas or agents and the name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead, no name will be printed. 2) The printed patent attorneys or agents. If no name is instead, name will be printed. 3 The patent attorneys or agents. If no name is instead, name will be printed. 4 Name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead, name will be printed. 4 Name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead name by a registered patent attorneys or agents. If no name is instead, name will be printed. 5 Name of the name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead name by a registered patent attorneys or agents. If no name is instead name by a patent attorneys or agents. If no name is instead name by a patent attorneys or agents and the numes of up to a patent attorneys or agents and the numes of up to a patent attorneys or agents	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	POBLICATION FBB DCB	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
BOYER, CHARLES I 1751 510-121000 Charge of correspondence address or indication of "Fee Address" (37 FR L. I. G.). Charge of correspondence address or indication of "Fee Address" (37 FR L. I. G.). Charge of correspondence address (or Change of Correspondence Address from PLOS H122) stated on the patient front page, list (10 the names of up to 3 registered patient attorneys or agents OR, alternatively. TOS H122 indication (or "Fee Address" indication form Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATIENT (print or type) PLEASE NOTE: Unless an asstimes is identified below, no assignee data will appear on the patient. If an assignee is identified below, the document has been filed for condition as set forth in 37 CFR 31. L Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Unilever Home & Personal Care USA Division of Conopco, Inc. The part of the patient front page, list (I) the names of up to 3 registered patient attorneys as a member a registered attorney or agent) and the numes of up to 2 registered patient attorneys or agent) and the numes of up to 3 registered patient attorneys or agent as a member a registered attorney or agent) and the numes of up to 3 registered patient attorneys or agent as a member a registered attorney or agent) and the numes of up to 3 registered patient attorneys or agent as a member a registered attorney or agent) and the numes of up to 3 registered patient attorneys or agent and the numes of up to 3 registered patient attorneys or agent as a member a registered patient attorneys or agent and the numes of up to 3 registered patient attorneys or agent as a member a registered attorneys or agent and the numes of up to 3 registered patient attorneys or agent and the numes of up to 3 registered patient attorneys or agent and the numes of up to 3 registered patient attorneys or agent and the numes of up to 8 registered attorneys as a member a registered patient attorneys or agent and the numes of up to 4 r	nonprovisional .	NO	\$1400	\$300	· \$0	\$1700	01/24/2007
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Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Address from PTO/SB/1221 attached. The Address' indication (or "Rec Address' indication from PTO/SB/1221 attached. The Address' indication (or "Rec Address' indication from PTO/SB/1221 attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pasted. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFS 11. Completion of this form is NOTE a substrate for filing an assignment. (A) NAME OF ASSIGNEE Unilever Home & Personal Care USA Division of Conopco, Inc. (I) the names of up to 3 registered patent attorneys or agents. If no name is instead, no name will be printed. (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead, no name will be printed. 1 Karen E. Klumas or agents and the name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead, no name will be printed. 2) The printed patent attorneys or agents. If no name is instead, name will be printed. 3 The patent attorneys or agents. If no name is instead, name will be printed. 4 Name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead, name will be printed. 4 Name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead name by a registered patent attorneys or agents. If no name is instead, name will be printed. 5 Name of the name of a single firm (having as a member a registered patent attorneys or agents. If no name is instead name by a registered patent attorneys or agents. If no name is instead name by a patent attorneys or agents. If no name is instead name by a patent attorneys or agents and the numes of up to a patent attorneys or agents and the numes of up to a patent attorneys or agents	BOYER, C	HARLES I	1751	510-121000			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for exceedation as set forth in 37 CFR 3.11. Completion of this form is NOT a abstitute for filing an assignment. (A) NAME OF ASSIGNEE Unilever Home & Personal Care USA Division of Conopco, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Unilever Home & Personal Care USA Chicago, Illinois 60601	Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to or agents OR, alternativ (2) the name of a singl registered attorney or s 2 registered patent atto	3 registered patent attorn vely, e firm (having as a memb agent) and the names of u meys or agents. If no name	era 2	. Klumas
lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government	PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI Unilever Division	less an assignee is ident th in 37 CFR 3.11. Com GNEE Home & Person of Conopco, I	ified below, no assignee pletion of this form is NO all Care USA inc.	data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY 205 North Mic Chicago, Illi	atent. If an assignee is it assignment. and STATE OR COUNT igan Avenue 3 nois 60601	RY) 32nd Floor	

a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
☐ Issue Fee	A check is enclosed.
☐ Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Date Sugnature B, 2007

Typed or printed name Karen E. Klumas Registration No. 31,070

This collection of information is required by 37 CFR 1.311, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 GFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and southing the completed application from the control of th

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